Edgar Filing: HOLOGIC INC - Form 4

HOLOGIC I	INC										
Form 4											
November 1	8, 2013										
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION										APPROVAL	
	UNII	ED STATE		RITIES A shington,			NGE C	COMMISSION	OMB Number:	3235-0287	
Check th if no long								Expires: January			
subject to	OF CHAN	CHANGES IN BENEFICIAL OWNERSH				NERSHIP OF	Estimated a	2005 average			
Section 16.				SECURITIES					burden hours per		
Form 4 c Form 5			Casting 1	$(\cdot) = f \cdot i$:т	···· 1· · · · ·	- A - 4 - 6 1024	response 0.5		
obligatio		-					-	e Act of 1934, f 1935 or Section	n		
may cont	unue.) of the In	•	•	· ·	•		11		
See Instr 1(b).	uction	50(11) of the m	i vestinent	compan	ly 1 ic					
1(0).											
(Print or Type l	Responses)										
1. Name and Address of Reporting Person * 2. Is LAVALLEE ROBERT H Symph				2. Issuer Name and Ticker or Trading				5. Relationship of Reporting Person(s) to Issuer			
LAVALLE	E KÜDEKI I	1	-	Symbol							
ł				HOLOGIC INC [HOLX]				(Check all applicable)			
(Last)	(First)	(Middle)		f Earliest Tr	ransaction						
35 CROSBY DRIVE			(Month/Day/Year) 11/14/2013					Director 10% Owner X_ Officer (give title Other (specify			
			11/14/2	11/14/2013				below) below) SVP, Chief Accounting Officer			
									-		
				4. If Amendment, Date Original				6. Individual or Joint/Group Filing(Check			
Filed(I				led(Month/Day/Year)				Applicable Line) _X_ Form filed by One Reporting Person			
BEDFORD	, MA 01730							Form filed by M	Iore than One Re		
								Person			
(City)	(State)	(Zip)	Tabl	le I - Non-E	Derivative	Secur	ities Acq	uired, Disposed of	f, or Beneficial	ly Owned	
1.Title of	2. Transaction	Date 2A. Dee	emed	1				5. Amount of	6. Ownership		
Security	(Month/Day/Y		on Date, if Transaction(A) or Disposed of (D) Code (Instr. 3, 4 and 5) Day/Year) (Instr. 8)				Securities	Form: Direct (D) or	Indirect Beneficial		
(Instr. 3)		any (Month				3)	· · · · ·	(D) or Indirect (I)	Ownership		
		~	, , , , , , , , , , , , , , , , , , ,	~ /				Following	(Instr. 4)	(Instr. 4)	
						(A)		Reported Transaction(s)			
						or	D.	(Instr. 3 and 4)			
Common				Code V	Amount	(D)	Price \$				
Stock	11/14/2013			F	821 <u>(1)</u>	D	ه 21.11	17,018	D		
DIOOK							21.11				

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned
 (e.g., puts, calls, warrants, options, convertible securities)

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1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	3A. Deemed Execution Date, if any (Month/Day/Year)	4. Transact Code (Instr. 8)	5. tionNumber of) Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)	3	Date	Secur	ınt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secu Bene Owno Follo Repo Trans (Instr
				Code N	7 (A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address	Relationships							
	Director	10% Owner	Officer	Other				
LAVALLEE ROBERT H 35 CROSBY DRIVE BEDFORD, MA 01730			SVP, Chief Accounting Officer					
Signatures								
/s/ Mark J. Casey, Attorney-In- Lavallee	Fact for I	11/18/2013						
<u>**</u> Signature of Reporti	ng Person	Date						

Explanation of Responses:

- * If the form is filed by more than one reporting person, *see* Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- (1) The transaction reported herein reflects the disposition of 821 shares of common stock to satisfy tax withholding obligations in connection with the vesting of a portion of restricted stock units previously awarded to the Reporting Person on November 14, 2012.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.